

INDIANA HMO 2000 CONSUMER REPORT CARDS

Welcome to Indiana's 2000 HMO Consumer Report Card. This is an exciting opportunity for the State to share information about the performance of Indiana Health Maintenance Organizations (HMOs).

Selecting a health care plan is an important decision. However, measuring the quality of a plan can be confusing. Often, consumers don't know how their plan measures up until they have a medical emergency or file a health claim. The information in this report card provides important information that will help you make that important decision.

The data contained in this report card should be a starting point – not the sole foundation for selecting a health plan. In addition to the report card, be sure to read the detailed information outlined in the benefits and marketing materials provided by your health plan.

How Is the Report Card Information Collected?

The HMOs report card information was collected from the records kept by the HMOs about the services they provided in 2000. This reporting is done using a standard set of measure from HEDIS® (Health Plan Employer Data and Information Set). HEDIS® requires all HMOs to collect information in the same way so that the plans can be compared fairly. The National Committee for Quality Assurance (NCQA) develops and maintains HEDIS®. NCQA is a non-profit organization committed to assessing, reporting on and improving the quality of care provided by HMOs. HEDIS® is a registered trademark of NCQA.

I. Women and Children

Compares how well health plans made sure that:

- Women received a mammogram
- Women received a Pap test
- New mothers had a check-up after delivery
- Children received recommended immunizations
- Children received well-Child visits at ages 0-15 months
- Children received well-Child visits at ages 3-6 years
- Children received well-Child visits at ages 7 18 years

II. Getting Better/Living with Illness

Compares how well health plans made sure that:

- Members with high blood pressure had their blood pressure controlled
- Members who had a heart attack received appropriate medicine
- Members with heart disease had their cholesterol controlled
- Members being treated with medicine for depression were monitored appropriately
- Members with diabetes had their blood sugar tested
- Members with diabetes, who are at risk for blindness, received an eye exam

III. Health Plan Information

Plan financial snapshot - http://www.IN.gov/idoi/health/c-agents.html Consumer Complaints -http://www.IN.gov/ComplaintIndex/index.html

WHO IS INCLUDED?

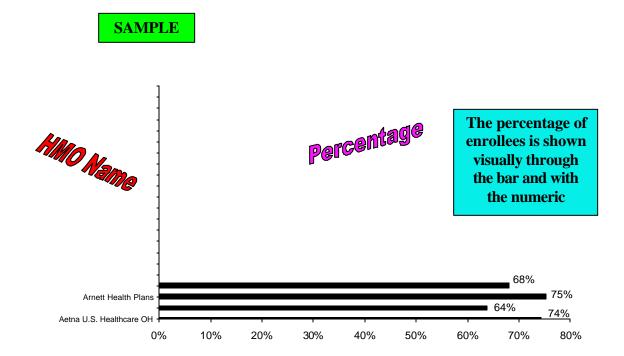
Twenty-one (21) HMOs are included in our report card. The following table lists the number of members enrolled in the plan in 2000 and the percentage of Primary Care Physicians that are Board Certified (Board Certification requires additional training).

HEALTH MAINTENANCE ORGANIZATION	TOTAL ENROLLEES IN 2000	YEARS IN BUSINESS	PERCENT OF PCPS BOARD CERTIFIED
Advantage Health Plan (was Sagamore)	29,177	.7	88%
Aetna U.S. Healthcare of IL	129,965	8	85%
Aetna U.S. Healthcare – OH	247,621	18	78%
Anthem	38,582	18	73%
Arnett Health Plans	31,578	15	80%
CIGNA HealthCare of IL	92,295	15	85%
CIGNA Health Care of IN	50,386	14	78%
Humana Health Plan – IL	N/R	N/R	79%
Humana Health Plan – KY	132,134	14	78%
Humana Health Plan – OH/ChoiceCare	197,818	22	77%
IU Health Plan, Inc.	11,489	4	91%
M- Plan, Inc.	165,108	12	57%
One Health Plan of Indiana, Inc.	5,434	2.5	91%
PARTNERS National Health Plans of IN	45,048	14	72%
Physicians Health Plan of Northern IN	37,359	17	74%
Southeastern Indiana Health Organization (SIHO)	1,767	13	69%
UNICARE Health Plan	205,422	8	75%
United HealthCare of IL	198,721	25	N/R
United HealthCare of KY	N/R	N/R	N/R
Welborn Health Plans	42,965	14	95%

HOW DO YOUR READ THE INFORMATION?

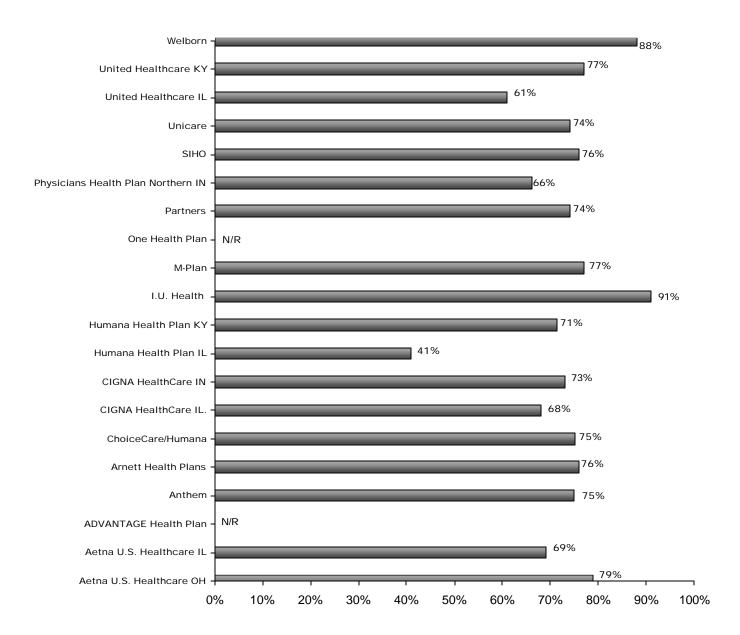
On each chart, you will notice the various health plans are labeled making it easy to compare services and quality. In some instances you may notice that a plan did not report (N/R) data. Information not being reported can happen for several reasons and does not necessarily mean there is a problem.

Again, you should use this information as your <u>first</u> step to learning more about your health plan options. If you have additional questions, contact the Indiana Department of Insurance.



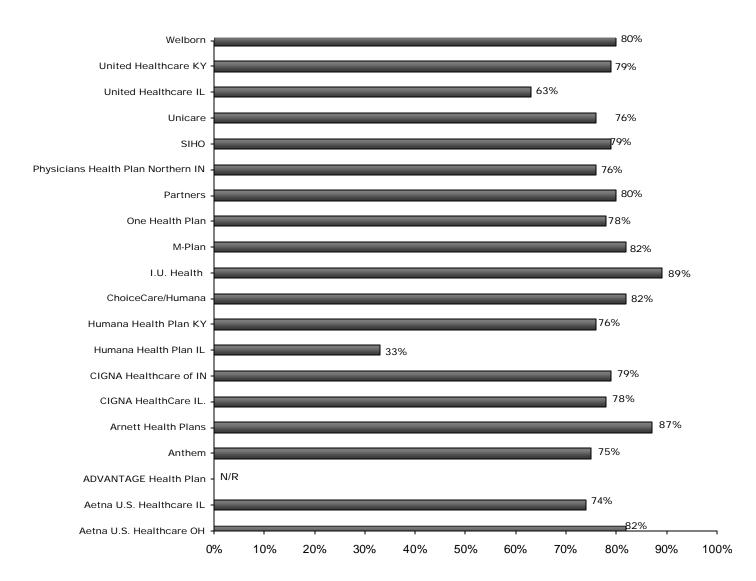
TESTING FOR BREAST CANCER

Percent of women ages 50-69 who received a mammogram within the past two years.



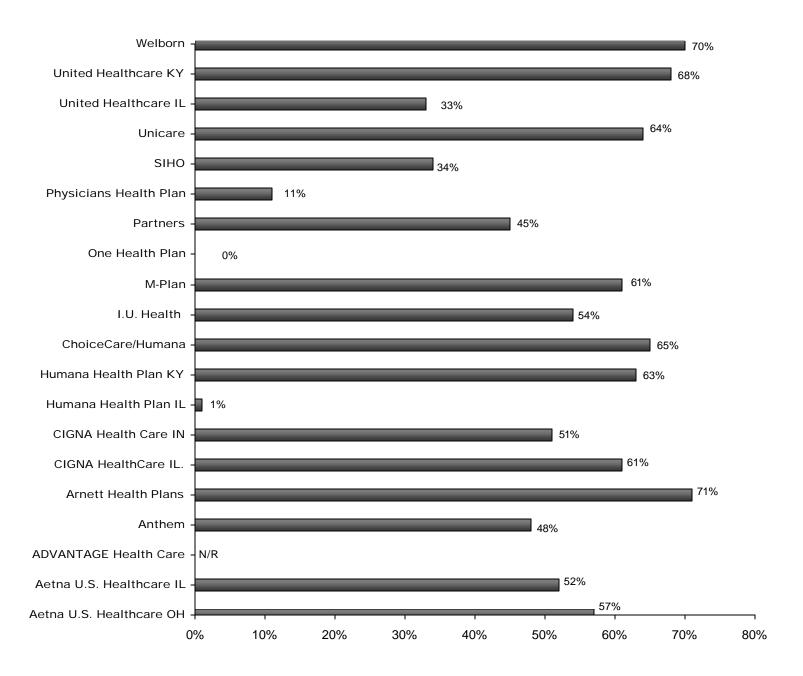
TESTING FOR CERVICAL CANCER

Percent of women ages 18-64 who received a Pap smear within the past three years.



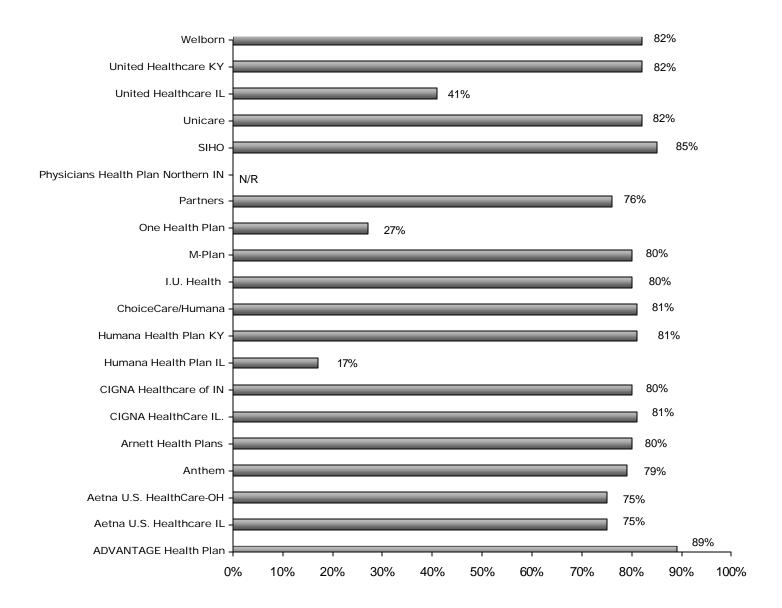
IMMUNIZATIONS FOR CHILDREN

Percent of children who received recommended immunizations by age two.



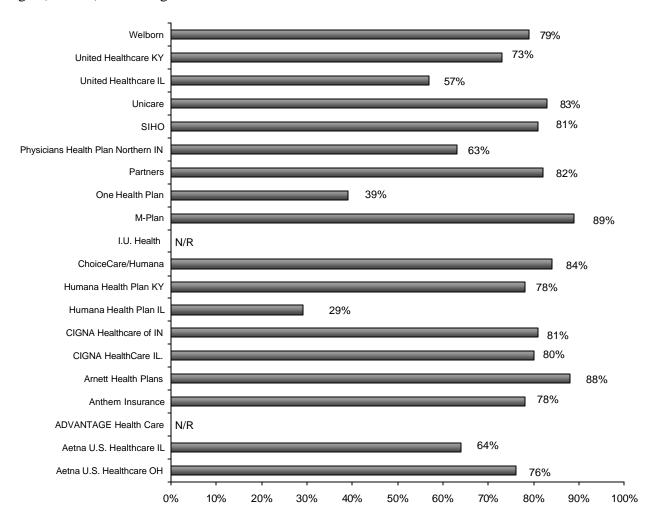
CHECKUPS FOR NEW MOTHERS

Percent of women who saw their health care provider at least once between 3 and 8 weeks after delivering a baby



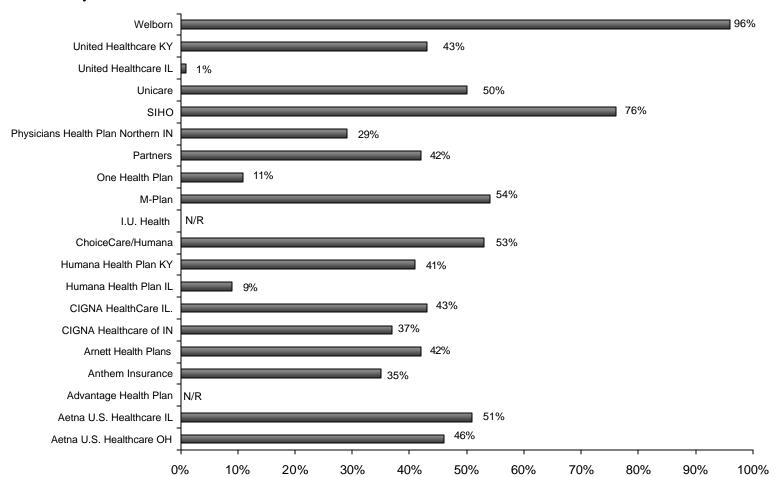
BLOOD SUGAR TESTING FOR PEOPLE WITH DIABETES

Percent of members, ages 18 - 75, with Type I or Type II Diabetes who had at least one blood sugar (HbA1C) test during 2000.



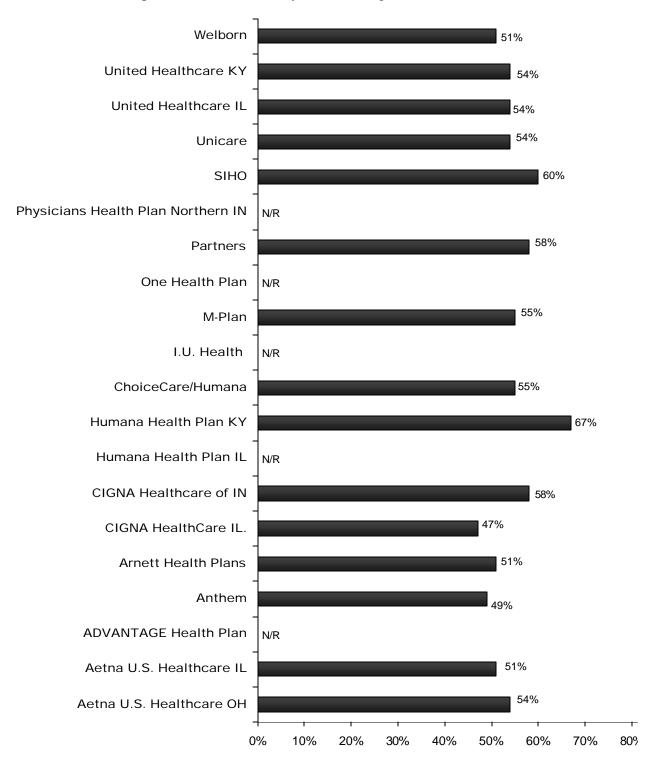
EYE EXAMS FOR PEOPLE WITH DIABETES

Percent of members ages 18 - 75, with Type I or Type II Diabetes who received a comprehensive eye exam in 2000.



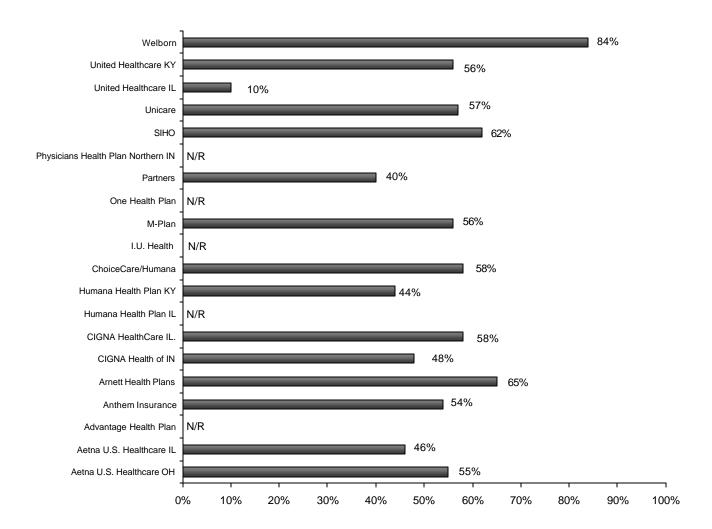
ANTIDEPRESSANT MEDICATION MANAGEMENT

Percent of members age 18 or older as of April 1, 2000 who were diagnosed with a new episode of major depression that were treated with medications and had at least three follow-up contacts with a physician or mental health professional within 84 days after the diagnosis.



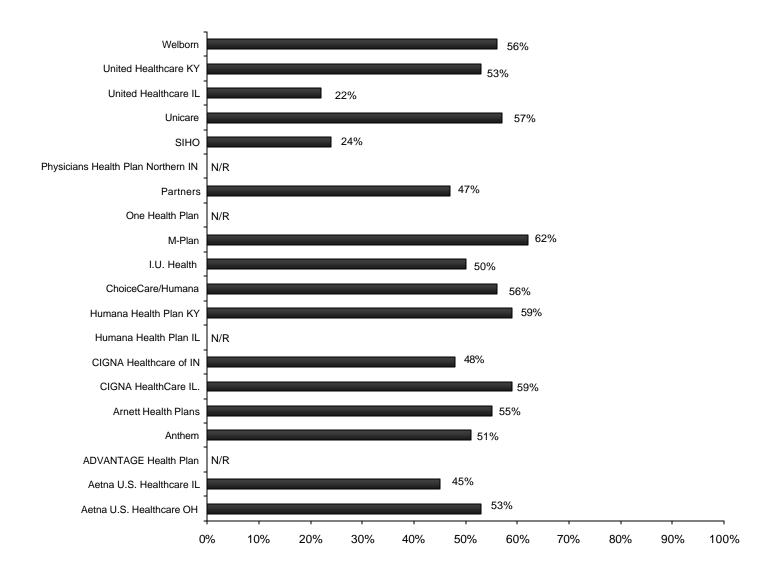
CHOLESTEROL MANAGEMENT OF HEART PATIENTS

Percent of members 18 - 75 years old who had an acute myocardial infarction, coronary bypass surgery, coronary artery graft or angioplasty during 1999 who showed controlled cholesterol levels during 2000.



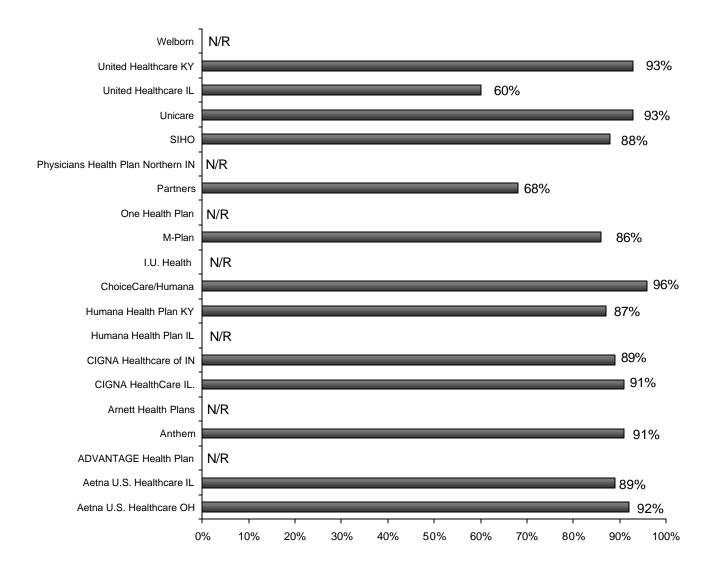
CONTROL OF HIGH BLOOD PRESSURE

Percent of persons age 46 - 85 with a diagnosis of hypertension who had acceptable blood pressure readings after treatment with medication.



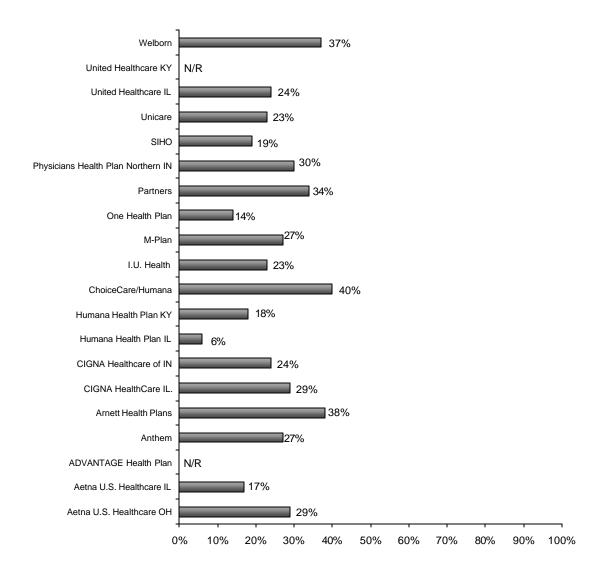
BETA BLOCKER TREATMENT AFTER HEART ATTACK

Percent of members, age 35 and older that suffered a heart attack during 2000 and received a prescription for beta-blocker drugs upon discharge.



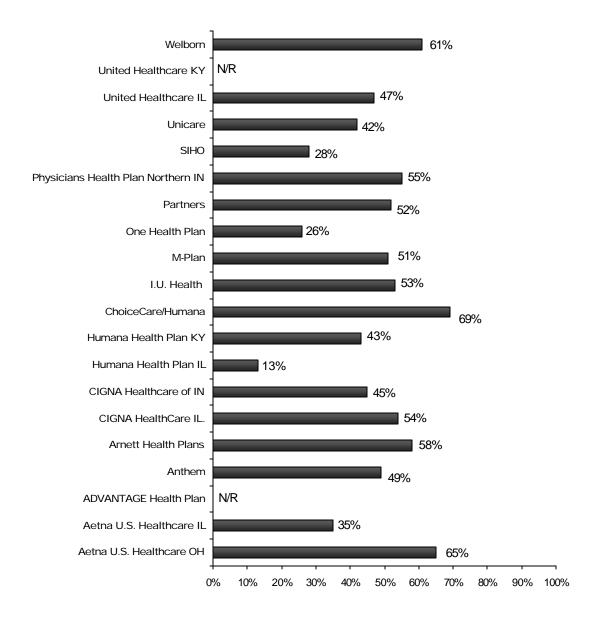
ADOLESCENT WELL-CARE VISITS

Percent of children 12-21 that had at least one comprehensive well care visit with a Primary Care Physician or ob-gyn during 2000.



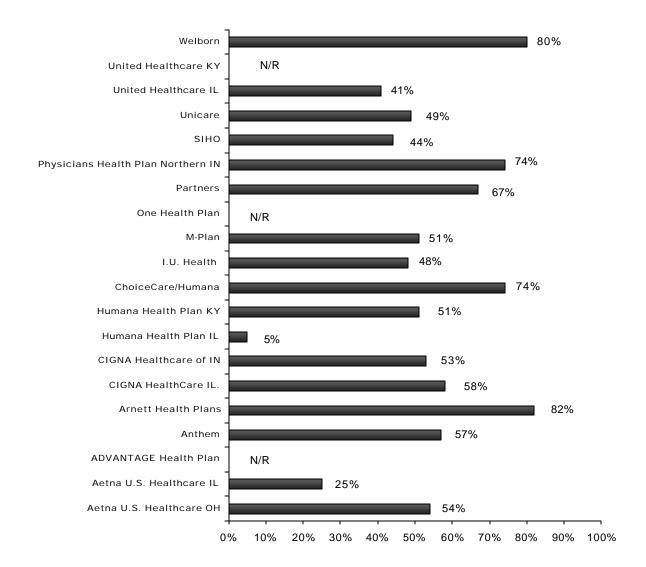
WELL-CARE VISITS - CHILDREN 3-6

Percent of children ages 3 - 6 that had at least one comprehensive well care visit with a Primary Care Physician during 2000.



WELL-CARE VISITS - CHILDREN UP TO 15 MONTHS

Percent of children who turned 15 months old during 2000 that received 6 or more well-care visits with a Primary Care Physician during their first 15 months of life.



OTHER HEALTH PLAN INFORMATION

HOW DO YOU CONTACT A HEALTH PLAN?

The information in this reports covers HMO plans in Indiana. Not all plans offer coverage in all counties. Talk to the health plans or your employer for details. This table lists all HMOs approved to provide services in Indiana. Use the telephone numbers to learn more about the health plans that interest you.

HEALTH MAINTENANCE ORGANIZATION	ADDRESS
Advantage Health Plan	(317) 573-6571
Aetna U.S. Healthcare – OH	(215) 775-2035
Aetna U.S. Healthcare of IL	(800) 872-3862
Anthem	(317) 488-6854
Arnett Health Plans	(765) 448-7400
CIGNA HealthCare of IL	(860) 726-7858
CIGNA HealthCare of IN	(317) 615-1247
Humana Health Plan – IL	(502) 580-3504
Humana Health Plan – KY	(502) 580-3504
Humana Health Plan – OH/ChoiceCare	(502) 580-3504
IU Health Plan, Inc.	(317) 871-8812
M- Plan, Inc.	(317) 571-5300
One Health Plan of Indiana, Inc.	(847) 685-3831
PARTNERS National Health Plans of IN	(219) 236-7750
Physicians Health Plan of Northern IN	(219) 432-6690
Southeastern Indiana Health Organization (SIHO)	(812) 378-7000
UNICARE Health Plan	(312) 234-7607
United HealthCare of IL	(312) 424-5787
United HealthCare of KY	(859) 296-6000
Welborn Health Plans	(812) 425-3939